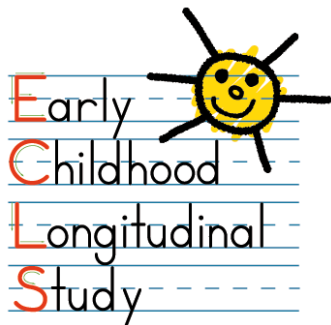


Appendix D

Special Education Questionnaires

Special Education Teacher Questionnaire

Teacher Level

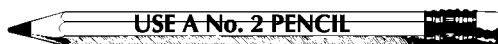


Special Education Teacher Questionnaire A

Prepared for the U.S. Department of Education
National Center for Education Statistics by:

Westat
1650 Research Boulevard
Rockville, Maryland 20850

Use a #2 pencil to complete this questionnaire.



L
A
B
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L

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **1850-0750**. Approval expires **01/31/2009**. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instruction, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, D.C. 20202-4700. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Washington, D.C. 20006-5650.

The collection of information in this survey is authorized by Public Law 107-279 Education Sciences Reform Act of 2002, Title I, Part C, Sec. 151(b) and Sec. 153(a). Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. Your responses are protected from disclosure by federal statute (PL 107-279, Title I, Part C, Sec. 183). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.

Note. This document contains items for the Special Education Teacher Questionnaire, for the Early Childhood Longitudinal Study, Kindergarten 2011 Cohort. The current item pool is comprised of items fielded in the Early Childhood Longitudinal Study, Kindergarten Class of 1998-99 (ECLS-K).

INTRODUCTION

Dear Special Education Teacher/Related Services Provider,

The **Early Childhood Longitudinal Study Kindergarten Class of 2010-2011 (ECLS-K)** is collecting information from the special education teachers/related service providers of sampled students who have Individual Education Programs (IEPs) to investigate the relationship between the students' achievement and various school, classroom, and home factors. This questionnaire collects information concerning your background and your work with students with disabilities in this school.

Obviously, only you can provide this information. Therefore, although we realize you are very busy, we urge you to complete this questionnaire as accurately as possible. The information you provide is being collected for research purposes. All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.

THANK YOU VERY MUCH FOR YOUR HELP.

MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A SOFT LEAD (#2) PENCIL TO COMPLETE THIS QUESTIONNAIRE.

CHECKING BOXES

It is important that you check the box next to your answers and print clearly.

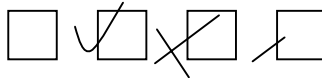
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



Incorrect Marks:

Light and thin, outside the box, thick or scrawled.



PRINTING ANSWERS IN BOXES:

Print entire answer in box. Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this - 0, and do not write a seven with a line through it like this - 7.

Write digits like this:

1 2 3 4 5 6 7 8 9 0

Write words like this:

John Smith

1. What is your gender? MARK ONE.

- ☐ Male
☐ Female

2. In what year were you born? WRITE IN YEAR BELOW.

1

ENTER YEAR

3. Are you Hispanic/Latino? MARK ONE RESPONSE ONLY.

- ☐ Yes
☐ No

4. Which best describes your race? MARK ALL THAT APPLY.

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

5. What is the highest level of education you have completed?
MARK ONE RESPONSE ONLY.

- ☐ High school diploma or GED
☐ Associate's degree
☐ Bachelor's degree
☐ At least one year of course work beyond a Bachelor's
but not a graduate degree
☐ Master's degree
☐ Education specialist or professional diploma based on
at least one year of course work past a Master's degree
level
☐ Doctorate

6. What is the highest level of education completed by your own parents? MARK ONE RESPONSE ONLY.

- ☐ Did not complete high school
- ☐ High school diploma or GED
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ At least one year of course work beyond a Bachelor's degree but not a graduate degree
- ☐ Master's degree
- ☐ Completed a PhD, MD, or other advanced professional degree
- ☐ Don't know

7. Counting this school year, how many years in total (including part-time) have you worked in this school? WRITE IN THE NUMBER OF YEARS BELOW.

YEARS

8. Counting this school year, how many years (including part-time) have you been working with students receiving special education or related services? WRITE IN THE NUMBER OF YEARS BELOW.

YEARS

9. Counting this school year, how many years (including part-time) have you been teaching? WRITE IN THE NUMBER OF YEARS BELOW.

YEARS

10. Which of the following credentials, licenses, or certificates do you have for working with students with disabilities?

MARK ONE ON EACH ROW.		Yes	No
a. Emergency credential		<input type="checkbox"/>	<input type="checkbox"/>
b. Provisional or temporary credential		<input type="checkbox"/>	<input type="checkbox"/>
c. Disability-specific credential or endorsement		<input type="checkbox"/>	<input type="checkbox"/>
d. Special education credential or endorsement (for more than one disability category)		<input type="checkbox"/>	<input type="checkbox"/>
e. General education credential		<input type="checkbox"/>	<input type="checkbox"/>
f. Speech/language state license or certification		<input type="checkbox"/>	<input type="checkbox"/>
g. Physical therapy license or certification		<input type="checkbox"/>	<input type="checkbox"/>
h. Occupational therapy license or certification		<input type="checkbox"/>	<input type="checkbox"/>
i. Certificate of Clinical Competence		<input type="checkbox"/>	<input type="checkbox"/>
j. Other professional license, credential, or endorsement (PLEASE SPECIFY)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Don't have special education or other professional credential, endorsement or license		<input type="checkbox"/>	<input type="checkbox"/>

11. Have you taken the following test?

MARK ONE RESPONSE ONLY.	Not taken	Taken and passed	Taken and have not yet passed	Taken and awaiting test results
a. An exam for National Board for Professional Teaching Standards certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How many college courses have you completed in the following areas?

MARK ONE NUMBER ON EACH ROW.	0	1	2	3	4	5	6+
a. Early childhood education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Early childhood special education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Elementary education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Secondary education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. English as a second language (ESL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Bilingual education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. General special education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Mental retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Orthopedic impairments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Serious emotional disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Deafness and hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Blindness and vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Communication disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Infants and toddlers with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. School psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Classroom management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Which of the following best describes your current position in this school? MARK ONE RESPONSE ONLY.

- ☐ Special education teacher
- ☐ Special education teacher consultant
- ☐ General education teacher
- ☐ Speech - language pathologist
- ☐ Physical therapist
- ☐ Physical therapy assistant or aide
- ☐ Occupational therapist
- ☐ Occupational therapy assistant or aide
- ☐ School psychologist
- ☐ Special education classroom aide
- ☐ Other (PLEASE SPECIFY)

14. How do you classify your main assignment at this school, that is, the activity at which you spend most of your time during this school year? MARK ONE RESPONSE ONLY.

- ☐ Regular full-time teacher/service provider
- ☐ Regular part-time teacher/service provider
- ☐ Itinerant teacher (i.e., your assignment requires you to provide instruction/related services at more than one school)
- ☐ Long-term substitute (i.e., your assignment requires that you fill the role of a teacher on a long-term basis, but you are still considered a substitute)
- ☐ Teacher aide
- ☐ Other (PLEASE SPECIFY)

15. During this school year, where did you work with students with IEPs?

MARK ONE ON EACH ROW.

	Yes	No
a. In a general education classroom	<input type="checkbox"/>	<input type="checkbox"/>
b. In a special education classroom	<input type="checkbox"/>	<input type="checkbox"/>
c. In a non-classroom space (office, therapy room, small work space, mobile van, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
<div></div>		
e. I do not work directly with students who have IEPs	<input type="checkbox"/>	<input type="checkbox"/>

16. Please indicate the extent to which you agree with each of the following statements on teaching.

MARK ONE ON EACH ROW.

	Strongly disagree	Disagree	Neither disagree e nor agree	Agree	Strongly agree
a. I really enjoy my present assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am certain I am making a difference in the lives of the students I work with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I could start over, I would choose teaching again as my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am satisfied with my class size.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I worry about the security of my job because of the performance of the students in my class(es) on state or local tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. During this school year, how many students with IEPs did you work with, on average, each week? (Include students you work with directly, as well as students for whom you consult with the general education teacher and/or another special education teacher/service provider) MARK ONE RESPONSE ONLY.

- ☐ 1-10
☐ 11-20
☐ 21-40
☐ More than 40
☐ Don't know

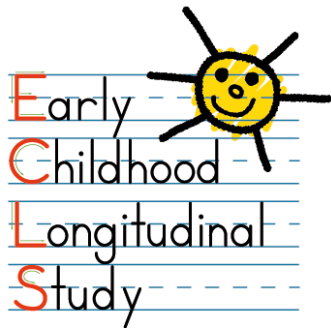
18. Date questionnaire completed:

		2007
MONTH	DAY	YEAR

THANK YOU FOR YOUR COOPERATION.

Special Education Teacher Questionnaire

Child Level

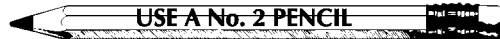


Special Education Teacher Questionnaire B

Prepared for the U.S. Department of Education
National Center for Education Statistics by:

Westat
1650 Research Boulevard
Rockville, Maryland 20850

Use a #2 pencil to complete this questionnaire.



L
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **1850-0750**. Approval expires **01/31/2009**. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instruction, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, D.C. 20202-4700. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Washington, D.C. 20006-5650.

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INTRODUCTION

Dear Special Education Teacher/Related Services Provider,

The Early Childhood Longitudinal Study Kindergarten Class of 2010-2011 (ECLS-K:11) is collecting information from the special education teachers/service providers of students who are in the study who have Individual Education Programs (IEPs). We are gathering information from these students' regular classroom teachers as well. Our purpose is to investigate the relationship between the students' achievement and various school, classroom, and home factors. This questionnaire collects information on the special education/related services received by the student identified on the cover of this questionnaire.

Obviously, only you can provide this information. Therefore, although we realize you are very busy, we urge you to complete this questionnaire as accurately as possible. Approximate answers, especially where we are asking for numbers, are completely acceptable. The information you provide is being collected for research purposes. All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.

THANK YOU VERY MUCH FOR YOUR HELP.

MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A SOFT LEAD (#2) PENCIL TO COMPLETE THIS QUESTIONNAIRE.

CHECKING BOXES

It is important that you check the box next to your answers and print clearly.

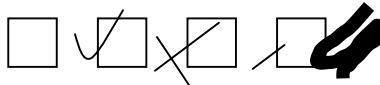
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



Incorrect Marks:

Light and thin, outside the box, thick or scrawled.



PRINTING ANSWERS IN BOXES:

Print entire answer in box. Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this - 0, and do not write a seven with a line through it like this - 7.

Write digits like this:

1 2 3 4 5 6 7 8 9 0

Write words like this:

John Smith

1. Is this student currently receiving special education services or gifted/talented services through an IEP? MARK ONE RESPONSE ONLY.

- ☐ Special education services due to a disability (GO TO QUESTION 2)
- ☐ Gifted/talented services (SKIP TO END. YOU DO NOT NEED TO COMPLETE SPECIAL EDUCATION TEACHER QUESTIONNAIRE A.)

2. In which grade is this student enrolled? MARK ONE RESPONSE ONLY.

Round: Fall first grade and later (response options modified as appropriate)

- ☐ Kindergarten
- ☐ First grade
- ☐ Second grade
- ☐ Third grade
- ☐ Fourth grade
- ☐ Fifth grade
- ☐ Sixth grade
- ☐ Seventh grade
- ☐ Eighth grade
- ☐ This is an ungraded classroom

3. When did this student first have an IEP? MARK ONE RESPONSE ONLY.

Round: Fall first grade and later (response options modified as appropriate)

☐ Before kindergarten

☐ During kindergarten

☐ During first grade

☐ Don't know

☐ Other (PLEASE

SPECIFY): _____

4. When was this student first determined eligible for special education or related services? MARK ONE RESPONSE ONLY.

- ☐ Before kindergarten
☐ During kindergarten
☐ Don't know
☐ Other (PLEASE SPECIFY) : _____

5. Did this child have an IEP during the year prior to kindergarten? MARK ONE RESPONSE ONLY.

- ☐ Yes
☐ No
☐ Don't know

6. To what extent were you involved in planning the transition from preschool special education for this child? MARK ONE RESPONSE ONLY.

- ☐ Not at all
☐ Somewhat
☐ Extensively

7. To what extent did you communicate with the person(s) who provided preschool special education for this student? MARK ONE RESPONSE ONLY.

- ☐ Not at all
☐ Somewhat
☐ Extensively

8. Have you reviewed this student's records related to special education services provided before this school year? MARK ONE RESPONSE ONLY.

- ☐ Yes
- ☐ No, I don't have access to the records.
- ☐ No, I have access to the records, but have not reviewed them.

9. What is this student's primary disability as identified on the student's IEP? MARK ONE RESPONSE ONLY.

- ☐ Learning disability
- ☐ Serious emotional disturbance
- ☐ Speech or language impairment
- ☐ Mental retardation
- ☐ Blind/Visual impairment
- ☐ Deaf/Hard of hearing
- ☐ Health impairment
- ☐ Physical impairment
- ☐ Multiple impairments
- ☐ Deaf/blind
- ☐ Developmental delay
- ☐ Autism
- ☐ Traumatic brain injury
- ☐ No classification is given

10. For which of the following disabilities did this student receive (or is this student receiving) special education or related services this school year?

MARK ONE ON EACH ROW.

	Yes	No
a. Learning disability	<input type="checkbox"/>	<input type="checkbox"/>
b. Serious emotional disturbance	<input type="checkbox"/>	<input type="checkbox"/>
c. Speech or language impairment	<input type="checkbox"/>	<input type="checkbox"/>
d. Mental retardation	<input type="checkbox"/>	<input type="checkbox"/>
e. Blind/Visual impairment	<input type="checkbox"/>	<input type="checkbox"/>
f. Deaf/Hard of hearing	<input type="checkbox"/>	<input type="checkbox"/>
g. Health impairment	<input type="checkbox"/>	<input type="checkbox"/>
h. Orthopedic/Physical impairment	<input type="checkbox"/>	<input type="checkbox"/>
i. Multiple impairments	<input type="checkbox"/>	<input type="checkbox"/>
j. Deaf/blind	<input type="checkbox"/>	<input type="checkbox"/>
k. Developmental delay	<input type="checkbox"/>	<input type="checkbox"/>
l. Autism	<input type="checkbox"/>	<input type="checkbox"/>
m. Traumatic brain injury	<input type="checkbox"/>	<input type="checkbox"/>

11. Is this student receiving any special education or related services because of a diagnosed Attention Deficit/Hyperactivity Disorder (AD/HD)?

☐ Yes

☐ No

The next set of items refers to this student's special education experience during the current school year.

12. Which of the following best describes the IEP goals for this student during this school year? MARK ALL OF THE AREAS IN WHICH THIS STUDENT HAD IEP GOALS.

Academics

- ☐ Reading
- ☐ Mathematics
- ☐ Language Arts
- ☐ Science

Speech And Language

- ☐ Auditory processing
- ☐ Listening comprehension
- ☐ Oral expression
- ☐ Voice/speech articulation
- ☐ Language pragmatics

Social

- ☐ Social skills

Life Skills

- ☐ Adaptive behavior or self-help skills
- ☐ Transition and postsecondary goals

Physical/Mobility

- ☐ Fine motor skills
- ☐ Gross motor skills
- ☐ Orientation and mobility

Other (PLEASE SPECIFY)

13. Which of the following related services were provided through the school to this student during this school year?

MARK ONE ON EACH ROW.

	Yes	No
a. Audiology	<input type="checkbox"/>	<input type="checkbox"/>
b. Counseling services	<input type="checkbox"/>	<input type="checkbox"/>
c. Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>
d. Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>
e. Psychological services	<input type="checkbox"/>	<input type="checkbox"/>
f. Health services	<input type="checkbox"/>	<input type="checkbox"/>
g. Social work services	<input type="checkbox"/>	<input type="checkbox"/>
h. Special transportation	<input type="checkbox"/>	<input type="checkbox"/>
i. Speech or language therapy	<input type="checkbox"/>	<input type="checkbox"/>
j. Orientation services	<input type="checkbox"/>	<input type="checkbox"/>
k. Mobility services	<input type="checkbox"/>	<input type="checkbox"/>
l. Rehabilitation services	<input type="checkbox"/>	<input type="checkbox"/>
m. Other (PLEASE SPECIFY) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Approximately how many hours per week of direct special education and related services (that is, service provided directly to the student, from a teacher or another adult) was this student receiving this school year? WRITE NUMBER IN BOX.

Hours per week

15. Did this student receive any of the following?

MARK ONE ON EACH ROW.

	Yes	No
a. Adaptive physical education	<input type="checkbox"/>	<input type="checkbox"/>
b. Classroom aides	<input type="checkbox"/>	<input type="checkbox"/>
c. Instruction in Braille	<input type="checkbox"/>	<input type="checkbox"/>
d. Interpreter for the deaf or hard of hearing (oral or sign)	<input type="checkbox"/>	<input type="checkbox"/>
e. Instruction in American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>
f. Instruction in Manual English	<input type="checkbox"/>	<input type="checkbox"/>
g. Instruction in Cued Speech	<input type="checkbox"/>	<input type="checkbox"/>
h. Instruction on the use of Braille	<input type="checkbox"/>	<input type="checkbox"/>
i. Instruction on the use of American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>
j. Instruction on the use of Manual English	<input type="checkbox"/>	<input type="checkbox"/>
k. Instruction on the use of Cued Speech	<input type="checkbox"/>	<input type="checkbox"/>

16. Was this student's primary placement a general education classroom? MARK ONE RESPONSE ONLY.

☐ Yes

☐ No

17. Approximately what percentage of the total weekly hours in school did this student receive special education and related services outside of a general education classroom but within the school setting? MARK ONE RESPONSE ONLY.

☐ 0 percent

☐ 1-10 percent

☐ 11-25 percent

☐ 26-50 percent

☐ 51-75 percent

☐ 76-99 percent

☐ 100 percent

18. What teaching practices and methods are used with this student?

MARK ONE ON EACH ROW.

	Yes	No
a. One-on-one instruction	<input type="checkbox"/>	<input type="checkbox"/>
b. Small-group instruction	<input type="checkbox"/>	<input type="checkbox"/>
c. Large-group instruction	<input type="checkbox"/>	<input type="checkbox"/>
d. Cooperative learning	<input type="checkbox"/>	<input type="checkbox"/>
e. Peer tutoring	<input type="checkbox"/>	<input type="checkbox"/>
f. Computer-based instruction	<input type="checkbox"/>	<input type="checkbox"/>
g. Direct instruction	<input type="checkbox"/>	<input type="checkbox"/>
h. Cognitive strategies	<input type="checkbox"/>	<input type="checkbox"/>
i. Self-management	<input type="checkbox"/>	<input type="checkbox"/>
j. Behavior management	<input type="checkbox"/>	<input type="checkbox"/>
k. Did not deliver instruction	<input type="checkbox"/>	<input type="checkbox"/>
l. Instruction received through a sign interpreter	<input type="checkbox"/>	<input type="checkbox"/>
m. Don't know	<input type="checkbox"/>	<input type="checkbox"/>

19. Which of the following best describes the curriculum materials used with this student?

	a. In the general education classroom	b. In the special education classroom/prog ram
General education curriculum materials were used without modification	<input type="checkbox"/>	<input type="checkbox"/>
Some modifications in general education curriculum materials were made	<input type="checkbox"/>	<input type="checkbox"/>
Substantial modifications in general education curriculum materials were made	<input type="checkbox"/>	<input type="checkbox"/>
Specially designed commercial materials were used	<input type="checkbox"/>	<input type="checkbox"/>
Teacher-designed materials were used	<input type="checkbox"/>	<input type="checkbox"/>
Student not in this setting	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

20. To what extent was this student expected to achieve the same general education goals as other students at his/her grade level? MARK ONE RESPONSE ONLY.

- ☐ Student was expected to attain grade level achievement for all of the academic content standards.
- ☐ Student was expected to attain grade level achievement for some of the academic content standards.
- ☐ Student was expected to attain grade level achievement for only a few of the academic content standards.
- ☐ Student was not expected to attain grade level achievement for any of the academic content standards.
- ☐ There are no academic content standards at this grade level.
- ☐ Don't know

21. Which of the following assistive technologies and devices did this student use this school year? MARK ALL OF THE ASSISTIVE TECHNOLOGIES THIS STUDENT USED.

☐ Student did not use any assistive technologies

Mobility aids

- ☐ Vans, vehicles
- ☐ Wheelchairs
- ☐ White canes

Learning aids (non-computer)

- ☐ Tape recorders
- ☐ Calculators
- ☐ Electronic spelling devices

Communication aids

- ☐ Electronic with voice output (e.g., Touch Talker)
- ☐ Nonelectronic (e.g., manual printing board)

Computer hardware designed or adapted for students with disabilities (e.g., alternate keyboards, switch interface)

- ☐ Used solely by individual student
- ☐ Shared with other students

Hearing assistance

- ☐ Hearing aids
- ☐ FM loops
- ☐ TTYs/TDDs
- ☐ Cochlear implants
- ☐ Real time captioning

Computer software designed for students with disabilities

- ☐ Reading
- ☐ Writing
- ☐ Mathematics

Visual aids

- ☐ Braille texts
- ☐ Electronic Braille devices
- ☐ Digital texts
- ☐ Magnifying devices
- ☐ Close captioned television (CCTV)

Other (PLEASE SPECIFY)

22. Does this student have a computer, laptop, or word processing device assigned to him/her for use full time? MARK ONE RESPONSE ONLY.

☐ Yes
☐ No

23. On average, how often did you meet with general education teacher(s) to discuss this student's program and progress during this school year? MARK ONE RESPONSE ONLY.

☐ Every day or several times a week
☐ Once a week or several times a month
☐ Once a month
☐ A few times over the school year
☐ Once during this school year
☐ Never during this school year
☐ Not applicable to my work with this student

24. On average, how long were the meetings with the general education teacher(s) to discuss this student's program? MARK ONE RESPONSE ONLY.

☐ 1 to 15 minutes
☐ 16 to 30 minutes
☐ 31 to 45 minutes
☐ 46 to 60 minutes
☐ More than 60 minutes

25. Approximately how often have you communicated with this student's parents during this school year about this student's program or progress (by phone, in person, or in writing)? **MARK ONE RESPONSE ONLY.**

- ☐ Every day or several times a week
- ☐ Once a week or several times a month
- ☐ Once a month
- ☐ A few times over the school year
- ☐ Once during this school year
- ☐ Never during this school year

26. During the past year, did this student receive any of the following formal individual evaluations for purposes of developing IEP goals?

MARK ONE ON EACH ROW.

	Yes	No
a. Psychological	<input type="checkbox"/>	<input type="checkbox"/>
b. Speech/language	<input type="checkbox"/>	<input type="checkbox"/>
c. Vision	<input type="checkbox"/>	<input type="checkbox"/>
d. Hearing	<input type="checkbox"/>	<input type="checkbox"/>
e. Learning style	<input type="checkbox"/>	<input type="checkbox"/>
f. Motor skills	<input type="checkbox"/>	<input type="checkbox"/>
g. Academics	<input type="checkbox"/>	<input type="checkbox"/>
h. Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>

27. What percentage of this student's current IEP goals have been met or nearly met at this point in the school year? **MARK ONE RESPONSE ONLY.**

- ☐ 76 to 100 percent
- ☐ 51 to 75 percent
- ☐ 26 to 50 percent
- ☐ 1 to 25 percent
- ☐ Zero percent

28. Which of the following best expresses the likelihood that this student will continue to receive some level of special education services (through an IEP) in the next school year? MARK ONE RESPONSE ONLY.

- ☐ Definitely will continue in special education
- ☐ Very likely to continue in special education
- ☐ Rather likely to continue in special education
- ☐ Rather unlikely to continue in special education
- ☐ Highly unlikely to continue in special education
- ☐ Will **not** continue in special education (will be dismissed from services)

29. To what extent did this student participate in any grade-level assessment administered as part of the school's testing program during the current school year? MARK ONE RESPONSE ONLY.

- ☐ Student did not participate in the school's testing or assessment program.
- ☐ Student participated in alternate assessments and no regular assessments.
- ☐ Student participated in some alternate assessments and some regular assessments.
- ☐ Student participated fully in the school's testing or assessment program.
- ☐ Don't know

30. Date questionnaire completed:

MONTH

DAY

YEAR

THANK YOU FOR YOUR COOPERATION.